

**APPLICATION CHECKLIST FOR
AN INITIAL MISSOURI TEACHER'S CERTIFICATE
ACADEMIC CONTRACT**

☐ **Application Form**

Application for a Missouri Teacher's Certificate Academic Contract; signed by the employing school district and the certification officer at the recommending Missouri institution;

☐ **Transcripts**

Official transcripts from **ALL** institutions attended must be provided. **Note:** a minimum grade point average of 2.5 on a 4.0 scale in the major field and overall is required; and

☐ **Background Check**

A criminal background check if this is the applicant's initial certificate of license to teach in Missouri. Please refer to the Background Check Procedures checklist. Any questions regarding this portion of the application process must be directed to the Conduct and Investigations Section at 573-522-8315. Enclose a check or money order for \$38 made payable to "Treasurer, State of Missouri." [You may request a background check packet from our website.](#)

PLEASE BE SURE THAT THE APPLICATION PACKET IS COMPLETE!

An incomplete packet will not be processed. Mail the complete application packet to:

**Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480**

[You can check the status of your application on our website.](#)



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

APPLICATION FOR A MISSOURI TEACHER'S CERTIFICATE
(INITIAL CERTIFICATE ACADEMIC CONTRACT)

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

| | | |
|--|---|---|
| SOCIAL SECURITY NUMBER* | | |
| CURRENT NAME (LAST, FIRST, MIDDLE INITIAL) | | |
| ALL MAIDEN/FORMER NAMES | | |
| STREET ADDRESS | | |
| CITY, STATE, ZIP CODE | | |
| DATE OF BIRTH | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> | PHONE NUMBERS H () W () |

B. PROFESSIONAL CONDUCT (All questions must be answered)

Applicants must submit two (2) full sets of fingerprints. Fingerprint cards must be obtained from the Missouri Department of Elementary and Secondary Education, Conduct & Investigation Section, Post Office Box 480, Jefferson City, Missouri 65102-0480 and may be completed by any law enforcement agency. If you currently hold a valid Missouri teaching certificate you DO NOT need to submit fingerprints.

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge? | <input type="checkbox"/> | <input type="checkbox"/> |

[*View the Social Security Number Disclosure](#)

C. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

| | |
|-----------------------|------|
| APPLICANT'S SIGNATURE | DATE |
|-----------------------|------|

SECTION II: TO BE COMPLETED BY EMPLOYING MISSOURI SCHOOL DISTRICT OR ACCREDITED NON-PUBLIC SCHOOL.

| | |
|--|---|
| List subject and grade level of certificate requested _____ | |
| I hereby affirm that _____ will be employed by this school district and used in the teaching position requiring the certificate listed above for the _____ -- _____ school year | |
| His/her beginning contracted date is/was _____. The officials of this school understand that the applicant has previously applied for an additional certificate of license to teach and has been informed by the Office of Educator Certification that he/she is in fact eligible for the above requested certificate. I jointly request with the above applicant that this provisional certificate be issued. | |
| SIGNATURE OF DESIGNATED SCHOOL OFFICIAL | NAME OF SCHOOL DISTRICT OR ACCREDITED NON-PUBLIC SCHOOL |
| NAME OF DESIGNATED SCHOOL OFFICIAL | ADDRESS |
| POSITION HELD | CITY, STATE, ZIP CODE |
| PHONE NUMBER | DATE |

| | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| SECTION III: APPLICANT INFORMATION | | | | | | | | | |
| *SOCIAL SECURITY NUMBER | | | | | | DATE OF BIRTH | | | |
| CURRENT NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | LIST ALL MAIDEN OR FORMER NAMES | | | |
| STREET ADDRESS | | | | | CITY, STATE, ZIP CODE | | | | |
| SECTION III: TO BE COMPLETED BY THE CERTIFICATION OFFICER AT THE RECOMMENDING MISSOURI INSTITUTION. | | | | | | | | | |
| A. EDUCATION: List all colleges and universities, in order of attendance, at which courses were completed. If no other institutions, write NONE on the first line. | | | | | | | | | |
| OFFICE USE ONLY | COLLEGE/ UNIVERSITY | | | STATE | DEGREE | YEAR | LAST TERM OF ATTENDANCE | HRS. ATT. | QUAL. PTS. |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| (Circle One) ACT/SAT Score_____ Praxis II Test Score_____ | | | | | | | GPA TOTALS | | |
| | | | | | | | OVERALL GPA | | |
| IMPORTANT: Official transcripts listed in Part B must be received from schools before application is considered complete. | | | | | | | | | |
| B. CERTIFICATION INFORMATION | | | | | | | | | |
| <input type="checkbox"/> The above applicant has been admitted to the teacher education program of this institution. | | | | | | | | | |
| <input type="checkbox"/> The above applicant has been admitted to the counselor education program of this institution. | | | | | | | | | |
| <input type="checkbox"/> The above applicant has been admitted to the Alternative Certification Program of this institution on the authority of the State Board of Education Rule 5 CSR 80-800-360. | | | | | | | | | |
| Upon satisfactory completion of the requirements outlined below, this institution will then recommend the issuance of a professional certificate in the area of _____ grade level _____. | | | | | | | | | |
| REQUIREMENT | | | | SEM. HOURS | | REQUIREMENT | | | SEM. HOURS |
| 1. | | | | | | 5. | | | |
| 2. | | | | | | 6. | | | |
| 3. | | | | | | 7. | | | |
| 4. | | | | | | 8. | | | |
| SIGNATURE OF AUTHORIZED CERTIFICATION OFFICIAL | | | | | | DATE | | | |
| NAME OF INSTITUTION | | | | | | AFFIX OFFICIAL STAMP OR SEAL HERE | | | |
| ADDRESS OF INSTITUTION | | | | | | | | | |
| PHONE NUMBER | | | | | | | | | |
| NOTE: OFFICIAL TRANSCRIPTS MUST ACCOMPANY THIS CONTRACT | | | | | | | | | |
| In consideration of the recommendation for issuance of a two year certificate with a professional commitment, I will continue my academic preparation with your institution during the valid period of this certificate until all requirements outlined above have been completed. I will not take any courses, correspondence or extension work from any other institution without first receiving the approval of your institution. I understand that a professional certificate will then be issued by the Department of Elementary and Secondary Education. | | | | | | | | | |
| SIGNATURE OF APPLICANT | | | | | | DATE | | | |
| The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581. | | | | | | | | | |
| OFFICE USE ONLY | | | | | | | | | |
| Contract Approved <input type="checkbox"/> Contract Disapproved <input type="checkbox"/> Date: _____ | | | | | | | | | |
| SIGNATURE OF SUPERVISOR OF EDUCATOR CERTIFICATION | | | | | | | | | |
| CLASSIFICATION | | | CERTIFICATION | | | | | | |
| Step | Effective. Date | Code | Action | Level | Sub | Cls | Effective. Date | RI | Code |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |